

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037131

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

276

Primary Registration District No.

3063

Registrar's No.

193

FILED SEP 25 1963

1. PLACE OF DEATH

a. COUNTY Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rolla

Length of stay in 1b
3 Weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Phelps Co., Memorial

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps

c. CITY OR TOWN Rolla

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route No. 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
EMMA HENRETTA HIPPLER.

4. DATE OF DEATH
Month Day Year
Sept. 16, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9. AGE (last birthday)
9-30-77 85

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Germany USA

13a. FATHER'S NAME
Frederick Zimmerman

13b. MOTHER'S MAIDEN NAME
no record.

14. NAME OF HUSBAND OR WIFE
August Hippler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. 17. INFORMANT Address
Bernard Hippler. Rt. 1, Rolla, Mo.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral embolism

INTERVAL BETWEEN ONSET AND DEATH
20 hrs.

DUE TO (b)

Cardiac failure & fibrillation

24 hrs.

DUE TO (c)

Arteriosclerotic Cardiovascular disease

12 + yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Recent gall bladder surgery

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1953 to Sept 1963 and last saw her alive on Sept 16, 1963
Death occurred at Phelps Co. Hosp. Rolla 11:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Barbara S. Russell, M.D.

22b. ADDRESS
1114 1/2 Bishop Rolla, Mo.

22c. DATE SIGNED
9-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
9-17-63

23c. NAME OF CEMETERY OR CREMATORY
Forest Home Cemetery

23d. LOCATION (City, town, or county) (State)
Fifield, Wisconsin.

24. FUNERAL DIRECTOR ADDRESS
Null & Son Funeral Home Rolla
By Paul E. Null

25. DATE RECD. BY LOCAL REG.
Sept. 17, 1963

26. REGISTRAR'S SIGNATURE
Nadene L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300 Rev. 4/59

10817

08101

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9433.1

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Paul E. Hull

Licensed Embalmer No. _____

4498

P. O. Address _____

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.